INTERIM DESIGNATION OF AGENT TO RECEIVE NOTIFICATION OF CLAIMED INFRINGEMENT

Note: This Interim Designation must be accompanied by a \$30 filing fee made payable to the Register of Copyrights. Please mail this form to: Copyright GC/L&R, P.O. Box 70400, Southwest Station, Washington, D.C. 20024

Full Legal Name of Service P	Provider: City of Copperas Cove
Alternative Name(s) of Service provider is doing business):	ce Provider (including all names under which the service
Address of Service Provider:	507 S. MAIN Street
	Coppeias Cove. Tx 76522
Name of Agent Designated to I	Receive Notification of Claimed Infringement:
	Steven I. Alexander
Full Address of Designated Age (Please ensure you are using a street add	ent to which Notification Should be Sent: dress and not a PO Box when including the address of your Copyright Agent)
	Casa
Telephone Number of Designate	ed Agent: 254-547-4221
- Tomme Number of Designated	Agent: 254 - 547- 4301
Email Address of Designated Ag	ent: <u>Citymger@ci.copperas-cove.tr.us</u>
Signature of Officer or Represen	tative of the Designating Service Provider:
Typed/Printed Name and Title:	Date: January 8, 3004
The same and Title:	Name: Steven J Alexander Title: Cil Ma
RECEIVED	Title: City MANAGER
FEB 1 7 2004	138370203

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